

Two very enterprising gentlemen have started a new "Medical College and Post Graduate School" in Los Angeles. (One's first thought is "poor Los Angeles!") The President of the institution, according to their letterhead, is Frank P. Young, a graduate of the Kentucky School of Medicine in 1893, licensed in this state in 1909, and the Secretary is C. P. Drumm, a graduate of the Pacific College of Osteopathy 1902, licensed 1907. In a letter to an unlicensed physician in San Francisco, occurs the following interesting paragraph which explains the whole game:

"One of the objects in establishing the school is to have an institution where osteopathic physicians may enter and receive credit for the time and work they have put in at recognized osteopathic colleges. In other words, students who have had a three years' course in an osteopathic school will only be required to attend one school year at the Pacific Medical College and Post Graduate School, to receive the degree of Doctor of Medicine."

And there you are! The diploma mill working again. The law of this state would not recognize such a degree or the work done in such a school; but that information is, probably, *not* given to those who may wish to take advantage of this worthy institution. Any osteopath who accepted their proposition with the intention of applying for a license to practice medicine in this state, would simply be buncoed out of his money. Again we must say "poor Los Angeles!" for here is another one; this time it is a letter from the "Mazdaznan University, Los Angeles Section," and is signed W. H. Riley, "Food Scientist."

"We are teaching a system of dietetics that has produced marvelous results and should like to tell you more about it, as we are positive our methods are destined to supplant all systems of medication."

The sucker is a fish of the carp family; his diet is not elegant, to say the least; he is by means of being a sort of parasite, **CATCHING** also. In a few of his characteristics some of our best "nostrum" **SUCKERS.** makers and their friends are not unlike the sucker; and also like the sucker, they are easily caught. Just say something unpleasant about them and then scrutinize the "friends" that, of course with the purest of impersonal motives, rush to their defense and support! "Smith" says that ergoapiol does not advertise in newspapers and that it is intended exclusively for physicians' prescriptions. On the first count they may be true though our informant was quite sure he had seen the "ad" in some lay publication. On the second count we would only call the attention of any physician who prescribes ergoapiol in the original package to the circulars therein contained. One refers to ergoapiol itself and discussing amenorrhea says: "If the flow is absent or insufficient

in quantity because of constitutional disturbances, the preparation will afford relief by restoring vitality and functional activity to the entire reproductive system." The other circular refers in the highest terms to glycoheroin (Smith) in "coughs, bronchitis, phthisis, asthma, pneumonia and whooping-cough." Every original package sold may possibly help the layman (or woman) along the cemetery road of self-medication (or abortion). Yet the nostrum people and their "friends" say that the rules of the Council on Pharmacy and Chemistry are absurd. Can it be because these rules do not permit this sort of advertising to the lay public? And yet these things are intended "exclusively for physicians' prescriptions"!

Some insurance companies selling medical defense policies have written to our members telling them that medical defense by the State **TRUTH** Society is worthless, or nearly so, **OR LIES.** and that their own attorneys were the only ones that know all about the law. As against these carefully worded, malicious, lying letters, it is not unbecoming to place the following letter from a member of the Society who was recently sued for alleged malpractice and successfully defended. The "two other attorneys" were retained by this physician before he remembered that he was entitled to defense by the State Society. For obvious reasons the names are not mentioned:

"In commendation of the work done for me and for the Society by your representative, Mr. ———, in the case of Blank vs. Blank, I must assure you that Mr. ——— exhibited untiring energy and superior ability, and while I had employed two other attorneys, Mr. ——— was the general and did practically all the work in the court room."

Remember that this medical defense by the State Society is merely co-operative protection against blackmail; the members of the Society are helping to protect each other. No member knows when he himself may be the defendant in an action of this sort. Therefore, see that you keep your dues paid up; and, also, see that you help your fellow member. If he is sued and needs your expert testimony, give it and give it cheerfully; some day you may need him to do the same thing for you. Do not look upon the giving of expert testimony for the Society as something for which you should be paid. You are not doing it for a rich corporation but for yourself; you are helping to protect yourself against blackmail—for that is what 99 out of 100 malpractice suits really are; attempts at blackmail. A number of the suits we have successfully defended have been brought by people who wanted to get out of paying their physician. He sued for his bill and they sued for malpractice; we won the suits; the Society defended the member and won out. It is time the good old game of "bilking the doctor" was stopped, and that is just what the Society is doing; stopping it; making it possible for the physician to sue for

his just bill without being afraid of a cross-complaint in which the patient alleges malpractice. Do insurance companies do that? Ask Dr. Magee, of San Diego. Is it worth while to remember to keep your dues paid up and be at all times in good standing? Ask Dr. Mercer, of Eureka. If we just stick together and help each other, this game of "bilking the doctor" will be forgotten, in California.

THE BARANY SYMPTOM COMPLEX.

Three years ago, the name of Barany was known only to a few otologists, who were familiar with the work being done in the Politizer ear clinic. To-day every neurologist and "internist" is making himself familiar with the work of this remarkable investigator. Starting with a study of the nystagmus produced by an irritation of the vestibular apparatus of the ear, brought about by the injection of cold water into the external canal, various functions of the cerebellum have been studied; until now more is known about the kinesthetic senses, and their importance in the diagnosis of cerebellar tumors, than the entire previous decade had brought out. His latest contribution to this subject is the discovery of a symptom complex based on the tests which he has published in the twenty odd papers standing to his credit since 1906. Briefly stated, a collection of fluid in the cisterna pontis of the cerebellar pontine angle, can give rise to the following complex of symptoms, when occurring in a fully developed case on the right side. 1. Headache in the right posterior cranial fossa. 2. Tenderness in the right mastoid. 3. Attacks of dizziness. 4. Lowered caloric reaction. 5. Right sided deafness of the nervous type. 6. Right sided tinnitus. 7. With the palm downward, spontaneous "pointing-bye" sign to the right. 8. Failure of the pointing reaction to the left with an artificially produced nystagmus to the right. 9. Lowered pulse rate. 10. Decreased corneal reflex. In Barany's thirty cases, he was able to show that this circumscribed collection of fluid was brought about principally as an end result of a serous meningitis. The symptom complex can clear up spontaneously or be cured completely by operative means. This paper, presented recently at the German Otological Congress, created as profound an impression, as did his demonstration last year before the British Medical Congress, when by means of his new tests he was able to locate cerebellar tumors, which Sir Victor Horsley subsequently found at operation. In a few years, when these tests have become a part of the routine of every neurological examination, the immense value of his discoveries will be better appreciated.

H. H.

SALVARSAN AGAIN.

In these days when physicians boast of long series of patients who, at their hands, have received one, two, or three injections of 606, it is perhaps not unwise to give a very short résumé of the views

of Professor Gaucher of the University of Paris. This syphilographer quotes the remarks recently made at the congress in Rome by Professor Finger of Vienna: "The 606 does not sterilize; relapses occur more frequently after its use than after mercury." This has been Gaucher's teaching for the last 18 months. Gaucher admits that salvarsan is a remarkable cicatrizing agent, healing, with a few exceptions, far more rapidly than does mercury or potassium iodid, syphilitic ulcerations, chancres, mucous patches, etc. With the exception of tertiary lesions thus cured, the above lesions almost invariably recur. It is true that the recurrences are often postponed several months, but this very period of latency adds another element of danger by giving the impression of a cure. Furthermore, the recurrences are at times quite severe. He therefore advises the use of 606 in order to produce a rapid momentary cicatrization of the chancre and mucous patches, and more especially in those cases where mercury is without action, or where it has lost its efficacy after prolonged usage, or where there is intolerance; the latter groups being naturally quite small. Gaucher urges thorough physical examination before the injection, and even then, to use it with fear and trembling, because of harm that may follow, without rhyme or reason, even a very small dose. Even the most enthusiastic Germans now admit the frequent relapses after 606, but, ascribing these occurrences to insufficient dosage, argue that it is wiser not to begin its use in any case unless, if necessity arises, it be possible to administer repeated injections with a total of even three grams of salvarsan! Certainly we in America believe that salvarsan alone is not the *therapia magna sterilisans* it was at first thought to be. With a wave of the hand he casts aside all the elaborate explanations of deaths following 606 and substitutes the words "arsenical intoxication," and even in non-fatal cases he emphasizes the danger to kidney and nervous system. He makes the statement that arseno-benzol has caused more deaths than the syphilis, if left to itself, could have produced. The so-called "neuro-recidiven" he attributes to arsenical poisoning, and not to syphilis (this view being, of course, disputed by the German school and by our best American syphilographers). In view of the fact that cases of lues may remain latent for decades (he cites one case with a latent period of 47 years) he notes the difficulty of pointing to a case as cured, and does not consider a negative Wassermann reaction as evidence in such a matter. In giving this résumé of Gaucher's views, there is no intention of condemning the use of 606. It is hoped, however, that it will stimulate physicians to study their cases carefully before injecting, to select those most apt to benefit and to exclude from such treatment such cases as can be as well treated by mercury and iodid. In this state there certainly have been disastrous results in certain cases; there *must* have been some considering their frequency abroad. Let us hear of these cases and their ultimate outcome. It is only by such reports that we can properly judge the method. Surely we are not